



## CAPTIVE INSURANCE SECTION

**Bill Haslam**  
Governor

**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE & INSURANCE**  
500 James Robertson Parkway  
Nashville, Tennessee 37243  
(615) 741-3805

**Julie Mix McPeak**  
Insurance Commissioner

### **Captive Application** **(Attach separate sheets if necessary)**

#### **A. General Information:**

1. Name of Proposed Captive
2. Parent or Sponsor
3. Name, address and phone number of individual to be contacted regarding this application
4. Indicate Type of Proposed Captive  
Pure    Association    Industrial Insured    Risk Retention Group  
  
Protected Cell    Branch    SPFC
5. Organization Form  
Stock    Mutual    Reciprocal    LLC    Non-Profit
6. Principal Place of Business of Proposed Captive
7. Resident Registered Agent and Captive
8. Location of Books and Records Captive
9. Name(s) and Address(es) of Beneficial Owners                      % of Ownership  
(1)  
(2)  
(3)  
(Use separate sheet if needed)



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10. Explain Relationship Among Beneficial Owners
  
  
  
  
  
  
  
  
  
  
11. Name and Address of Captive Management Firm
  
  
  
  
  
  
  
  
  
  
12. Name and Address of Captive Attorney
  
  
  
  
  
  
  
  
  
  
13. Name and Address of Captive Claims Handler
  
  
  
  
  
  
  
  
  
  
14. Name and Address of Captive Certified Public Accountant
  
  
  
  
  
  
  
  
  
  
15. Name and Address of Captive Actuary
  
  
  
  
  
  
  
  
  
  
16. Name and Address of Captive (Re)insurance Broker



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17. Capital and/or Surplus of Company
- (a) Initial Capital \$
- Initial Surplus \$
- Total \$
- (b) Location of shares of stock
18. Enclose Annual Report of SEC Forms 10K of Beneficial Owners
19. If Applicant is an Industrial Insured Captive, please answer the following:
- (a) Name and address of each full-time employee acting as an Insurance Manager or Buyer
- (b) Aggregate Annual Premium \$
- (c) Number of Full-time Employees
20. If applicant is an Association Captive, give history, purpose, size, and other details of parent association.
21. If Letter(s) of Credit is(are) to be used
- | Name and Address of Bank | Issued in Favor of | Amount |
|--------------------------|--------------------|--------|
|                          |                    | \$     |
|                          |                    | \$     |
|                          |                    | \$     |

## 22. COVERAGE/LIMITS/REINSURANCE

| <u>Coverage</u> | <u>Direct or<br/>Reinsurance</u> | <u>Policy Limits<br/>Per Occ./Agg.</u> | <u>Excess of<br/>Amount &amp; Form</u> | <u>Claims Made<br/>or Occurrence</u> | <u>Assessable-<br/>Rateable Policy</u> | <u>Amount<br/>Reinsured</u> | <u>Reinsurance<br/>By</u> |
|-----------------|----------------------------------|--|--|--------------------------------------|--|-----------------------------|---------------------------|
|-----------------|----------------------------------|--|--|--------------------------------------|--|-----------------------------|---------------------------|

|                          |     |    |
|--------------------------|-----|----|
| Are Policies assessable? | Yes | No |
|--------------------------|-----|----|

|                             |     |    |
|-----------------------------|-----|----|
| Parental Guaranty in place? | Yes | No |
|-----------------------------|-----|----|

|                           |     |    |
|---------------------------|-----|----|
| Loan to Parent requested? | Yes | No |
|---------------------------|-----|----|

|                    |     |    |
|--------------------|-----|----|
| Losses Discounted? | Yes | No |
|--------------------|-----|----|

If so, proposed rate



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I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

Name

Date

Signature

(Officer, Director, or Attorney-in-Fact for Reciprocal)